

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1					
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	5		3			
11	1		3			
12	1		1			
13	1		1			
14	1		1			
15	1					
16	1					
17	1		1			
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49						
50						
TOTAL IND.	8		9			
TOTAL DEP.	13		17			
TOTAL CLAIMS	18		22			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS